

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2009
Secretary of State**

DOCUMENT# N96000003285

Entity Name: SHADYCREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2409 ADAGIO WAY
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2409 ADAGIO WAY
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0701053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAHRAUS, MATTHEW
2409 ADAGIO WAY
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SEWELL, LARRY
Address: 2412 ADAGIO WAY
City-St-Zip: SARASOTA, FL 34231

Title: PD () Delete
Name: YAHRAUS, MATTHEW
Address: 2409 ADAGIO WAY
City-St-Zip: SARASOTA, FL 34231

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR () Change (X) Addition
Name: SEWELL, DIANE M
Address: 2412 ADAGIO WAY
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SEWELL

V

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date